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CONFIRMATION NO. 8270

|   |   |                                      |   |   |                                    |
|---|---|--------------------------------------|---|---|------------------------------------|
| <b>SERIAL NUMBER</b><br>08/893,759  | <b>FILING OR 371(c)<br/>DATE</b><br>07/11/1997<br><b>RULE</b>   | <b>CLASS</b><br>436                  | <b>GROUP ART UNIT</b><br>1641   | <b>ATTORNEY DOCKET<br/>NO.</b><br>1587-0024-0 |                                    |
| <b>APPLICANTS</b><br>KAZUNORI SAITOH, IBARAKI, JAPAN;<br>MITSUHIKA MANABE, IBARAKI, JAPAN;  |   |                                      |   |   |                                    |
| <b>** CONTINUING DATA *****</b>   |   |                                      |   |   |                                    |
| <b>** FOREIGN APPLICATIONS *****</b><br>JAPAN 183279/1996 07/12/1996  |   |                                      |   |   |                                    |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u> |   | <b>STATE OR<br/>COUNTRY</b><br>JAPAN | <b>SHEETS<br/>DRAWING</b><br>4  | <b>TOTAL<br/>CLAIMS</b><br>8                  | <b>INDEPENDENT<br/>CLAIMS</b><br>2 |
| <b>ADDRESS</b><br>22850   |   |                                      |   |   |                                    |
| <b>TITLE</b><br>STEP AGGLUTINATION IMMUNOASSAY  |   |                                      |   |   |                                    |
| <b>FILING FEE<br/>RECEIVED</b><br>1938  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                      | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                                    |